

2030

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Graham</u>				BUREAU OF VITAL STATISTICS		State Index - - - - No. <u>104</u>	
District <u>Safford</u>						County Registrar's - - No. <u>45</u>	
Town or City <u>Safford</u>				ORIGINAL CERTIFICATE OF DEATH		Local Registrar's - - No. <u>45</u>	
				No. <u>Morris Squitt Hospital</u>		Ward	
(If death occurred in a hospital or institution, give its NAME instead of street number).							
2. FULL NAME <u>Joseph F. East</u>							
(a) Residence No. <u>Thatcher Ariz</u>				St. <u></u>		Ward <u></u>	
(Usual place of abode) (If non-resident, give city or town and State)							
Length of residence in city or town where death occurred <u>44</u> yrs.				mos.		ds.	
				How long in U. S. if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of <u>Jennie East</u> (or) WIFE of							
6. DATE OF BIRTH (month, day and year) <u>Dec. 30, 1860</u>							
7. AGE	Years <u>69</u>	Months <u>3</u>	Days <u>2</u>	IF LESS than 1 day hrs. <u></u> or <u></u>			
8. OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>Painter & Merchant</u>							
(b) General nature of industry, business or establishment in which employed (or employer)							
(c) Name of employer							
9. BIRTHPLACE (city or town) <u>Safford Ariz</u> (State or country) <u>Ariz</u>							
10. NAME OF FATHER <u>Edward M. East</u>							
11. BIRTHPLACE OF FATHER (city or town) <u>Ariz</u> (State or country)							
12. MAIDEN NAME OF MOTHER <u>William B. East</u>							
13. BIRTHPLACE OF MOTHER (city or town) <u>Geo</u> (State or country)							
14. Informant <u>J. A. Carlson</u> (Address) <u>Prima</u>							
15. Filed <u>5/8/1930</u> <u>J. N. Stratton</u> Local Registrar.							
Filed <u></u> 19 <u></u> V. S. No. 1 County Registrar.							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>April 2, 1930</u>							
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 21, 1930</u> to <u>April 2, 1930</u> that I last saw him alive on <u>April 20, 1930</u> and that death occurred, on the date stated above, at <u>8-45 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Second Lower Jaw</u>							
(duration) yrs. mos. ds.							
CONTRIBUTORY (Secondary) <u>Hemorrhage</u>							
(duration) yrs. mos. ds.							
18. Where was disease contracted If not at place of death?							
Did an operation precede death? <u>yes</u> Date of <u>March 20 1930</u>							
Was there an autopsy? <u>no</u>							
What test confirmed diagnosis? <u>Jessie</u>							
(Signed) <u>H. W. Squitt</u> , M. D. <u>H-2-1930</u> (Address) <u>Safford Ariz</u>							
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)							
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Prima Ariz</u>				DATE OF BURIAL <u>April 4 1930</u>			
20. UNDERTAKER <u>W. C. Rawson</u>				ADDRESS <u>Safford</u>			